201000000970

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





700109177667

09/17/07--01041--016 **35.00

FILED

O7 SEP 17 PH 1: 35

SECRETARY OF STATE OF 10 OF

KAIN & VALINSKY, P.A.

ATTORNEYS AT LAW
750 SOUTHEAST THIRD AVENUE
SUITE 100
FORT LAUDERDALE, FLORIDA 33316

TELEPHONE (954) 768-0678 TELECOPIER (954) 768-0158

September 7, 2007

VIA REGULAR MAIL

Florida Division of Corporations P.O. Box 63237 Tallahassee, Florida 32314

Re: University Health Industries, Inc. (formerly Virtual Innovations, Inc.)

(collectively, the "Company")/Change of Registered Office and Registered

Agent

Gentlemen:

As counsel for and on behalf of the Company, enclosed please find a Statement of Change of Registered Office and Registered Agent together with the requisite filing fee check in the amount of \$35 made payable to the Florida Department of State.

Please do not hesitate to contact the undersigned at the telephone number above should you have any questions concerning the forgoing.

The m

V**ą**linsky

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes this
statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: University Health Industries Inc.
2. The principal office address: 950 Peninsula Cirorate Circle, Suite 7022
Boca Raton Florida 33487
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 1/3/0/ Document number: Y01000009/0
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Truy V. Livin
390 North Orange Huenne, Juste 15 9
Orlando Horida 72801 35 35
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
George Theodore
950 Peninsula Corprote Cicle, Scute 3022
(P.O. Box NOT acceptable)
Boca Rator, Horida 33487
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change.
(Signature of an officer ordirector) George Neodore CEO (Priphed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified by writing of this change.
September 7 2007
(Date)
If signing on behalf of an entity:
(Typed or Printed Name)
(-) p-w of + 1 mover + minor

* * * FILING FEE: \$35.00 * * *